

APPLICATION FOR EMPLOYMENT



CENTRE COUNTY RECYCLING AND REFUSE AUTHORITY

253 TRANSFER ROAD ▪ BELLEFONTE, PA ▪ 16823-9505

P | 814-238-7005

www.centrecountyrecycles.org

LAST NAME		FIRST NAME		MIDDLE INITIAL	
STREET ADDRESS			CITY/STATE		ZIP CODE
EMAIL ADDRESS				TELEPHONE	
IF HIRED, CAN YOU PROVIDE EVIDENCE OF LEGAL ELIGIBILITY TO WORK IN THE U.S.?			<i>Any offer of employment is conditioned upon completing form I-9 and providing the appropriate documents for identity and work authorization.</i>		
POSITION DESIRED:	WAGE/SALARY DESIRED:	FULL TIME? PART TIME?			
WERE YOU PREVIOUSLY EMPLOYED BY THE AUTHORITY?		YES	NO		
LIST ANY FRIENDS OR RELATIVES WORKING FOR THE AUTHORITY.					
NAME		RELATIONSHIP			
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HAVE YOU EVER BEEN CONVICTED OF ANY CRIME, INCLUDING TRAFFIC VIOLATIONS? YES NO					
<i>If yes, please describe.</i>					
<i>Please understand that a criminal conviction does not constitute an automatic bar to employment unless the conviction relates to an applicant's suitability for employment in the position for which he or she has applied.</i>					
DATE AVAILABLE TO BEGIN WORK?	ARE YOU 18 YEARS OF AGE OR OLDER?		<i>If under 18 years of age, you will be required to submit a birth certificate or work certificate as required by state or federal law.</i>		
HIGH SCHOOL ATTENDED:	CITY/STATE	GRADUATE?	GED?		
COLLEGE OR TECHNICAL SCHOOL:	CITY/STATE	GRADUATE?	DEGREE?	MAJOR:	
ARE YOU PRESENTLY ENROLLED IN SCHOOL?		IF YES, GIVE NAME & ADDRESS OF SCHOOL / EXPECTED GRADUATION DATE:			
LIST ANY JOB-RELATED SKILLS OR ACCOMPLISHMENTS, INCLUDING MILITARY SERVICE:					
IF HIRED, HOW WILL YOU GET TO WORK?					
DRIVER LICENSE NUMBER			STATE ISSUED		
DO YOU HAVE A COMMERCIAL DRIVER'S LICENSE?					
YES		CLASS "A"	CLASS "B"	NO	

PROVIDE THREE [3] REFERENCES WHO WE MAY CONTACT [DO NOT INCLUDE FORMER EMPLOYERS]		
NAME AND OCCUPATION	HOW DO YOU KNOW THEM AND FOR HOW LONG?	PHONE NUMBER

EMPLOYMENT HISTORY

LIST NAMES OF EMPLOYERS WITH PRESENT OR MOST RECENT EMPLOYER LISTED FIRST.

MAY WE CONTACT CURRENT EMPLOYER BEFORE YOU ARE OFFERED A POSITION? _____

EMPLOYER NAME:	JOB TITLE: DUTIES:
ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:
CITY, STATE, ZIP CODE	HOURLY PAY OR SALARY: START PAY: END PAY:
SUPERVISOR: TELEPHONE:	REASON FOR LEAVING:

EMPLOYER NAME:	JOB TITLE: DUTIES:
ADDRESS:	DATES OF EMPLOYMENT: FROM: TO:
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DO NOT WRITE BELOW - FOR COMPANY USE ONLY

INTERVIEW? YES	NO	DATE	TIME		
IF NO - SIGNATURE					
RESULTS OF INTERVIEW					
ACCEPTABLE FOR EMPLOYMENT? YES NO				PAY RATE	START DATE
INTERVIEWED BY					

CAREFULLY READ EACH STATEMENT BEFORE SIGNING AT THE BOTTOM

I certify that all of the information provided in this employment application is true and complete to the best of my knowledge, and I authorize investigation of all statements contained in this application, including a criminal background, credit history check, and drug test, as applicable. I understand that any false or incomplete information may disqualify me from further consideration for employment and may result in my immediate discharge if discovered at a later date.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer, past employers, and other organizations to provide information concerning my previous employment and other relevant information that may be useful in making a hiring decision. I release such persons and organizations from any liability in making such statements.

I have read, understand, and agree to the above statements.

SIGNATURE:

DATE:

